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## School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

**Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 08 Chouteau 0133 Fort Benton Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 1 1181 No Hasbrouck, Donna 2.00 1 1182 No Hasbrouck, Donna 7.68 1183 Burney, Brad & Petra 1 No 2.00 1184 No Breise, Ron & Allyson 1.50 1 1185 Naeseth, Kimberly J 1 No 1.08 1 1186 No Rubens, Connie M 4.65 1 1187 No Andreasen, Dawn 3.50 1188 Reichelt, Kirk 1.75 1 No 1189 1 Yes Gessaman, Mike 3.00

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# School District Claim for State Reimbursement for Individual and Isolated Transportation

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# School District Claim for State Reimbursement for Individual and Isolated Transportation

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#### **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 08 Chouteau 0137 Big Sandy Elem Elementary District Contract Daily # of Days Shared Transported # Family's Name Rate 11 1173 Yes Brown, Renita 1.00 11 1175 Yes Darlington, Carey 1.00 11 1176 Yes Amsbaugh, Paula 0.13 1180 Terry, Bev 11 Yes 1.00 1663 Reher, Robert & Jamie 2.00 11 No

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# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
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**First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 08 Chouteau 0138 Big Sandy H S **High School** District Contract Daily # of Days Shared Transported # # Family's Name Rate 2 1173 Yes Brown, Renita 1.00 2 1174 No Genereux, Gaye 0.00 2 1175 Yes Darlington, Carey 1.00 2 1176 Amsbaugh, Paula Yes 0.12 2 1177 Weaver, Don No 9.25 2 1178 No Boyce, Laura 9.25 2 Darlington, Russell 1179 No 0.50 2 1180 Yes Terry, Bev 1.00

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# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
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County	

#### **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 08 Chouteau 0144 Warrick Elem Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 26 1172 No Henderson, Suzanne 0.50 26 2214 No Dumas, Jim 2.50

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

#### Helena, MT 59620-2501 **Second Semester** First Semester **DUE** May 10 to County Superintendent February 1 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0153 Geraldine Elem 08 Chouteau Elementary Contract District **Daily** # of Days Transported # Shared Family's Name Rate 44 1168 No Bronec, Margaret 1.00 Taylor, Darrell 44 1169 No 1.50

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# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

#### **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 08 Chouteau 0154 Geraldine H S **High School** Contract District Daily # of Days Transported # # Shared Family's Name Rate 3 1170 No Withrow, Lon 0.25 3 1171 No Johnson, Jackie 4.00

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

## School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

#### Helena, MT 59620-2501 **First Semester Second Semester DUE** May 10 to County Superintendent February 1 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 08 Chouteau 0159 Carter Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 56 1167 No Deck, Adrian & Kelly 1.50

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# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
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#### Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0171 Benton Lake Elem 08 Chouteau Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 99 1662 No Silverberg, Dena 3.50